U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 6756,	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name FRED ALSTON	Name IBT Local 272
	Labor Organization File Number 010-930
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 27-12 Curtis Street	Street 220 East 23rd Street
city East Elmhust	city New York
State New York ZIP Code + 4 11369	State New York ZIP Code +4 10010
5. Position in labor organization. PRESI dent Bus	iness Agent
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name if any	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 h Annual
Street	7.b. Amount.
	grant conservation (set to the section of the secti
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing FRED ALSTON	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Local 272 Pension + Weltarc Trust Formula Name, if any: P.O. Box, Bldg., Room No., if any Street 220 East 23 Past Street City New York State New York ZIP Code + 4 10010	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Related Health + Well	
Name	for Union Members.	rare runce.
Trade Name, if any:	TOR MUION MEINDERS-	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	15,000.00
City	12.a. Nature of interest held or income received.	#11#400MAF#Inhinid Voluminid 64#Illinoom on book on all on a single on an analysis on a speciment of a communi
State ZIP Code + 4	Educational Conference	
	International Benefits	
	Foundation - New ORlean	5
	12.b. Amount.	1,671.00
	12.b. Amount.	1,01,00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	direction continues and activities activities and activities activities and activities activities and activities activities activities and activities activ
Name		And an order of the second
Trade Name, if any:		THE PROPERTY AND P
P.O. Box, Bldg., Room No., if any		miseanie
Street		TORIN MITTERS A. VER
City International control of the co		ALLE WAS A STATE OF THE STATE O
State ZIP Code + 4		THE COLUMN TO TH
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing FRED AISTON	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise	}
8. Name and address of Business (including trade name, if any). Name ICC Capital Management Trade Name, if any: P.O. Box, Bldg., Room No., if any 27th Floor Street 390 North ORAuge Avenue City Orlando State Florida ZIP Code+4 32801	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Loca 272 WelfarcTrust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 220 EAS+ 23 84 Street City New York	We Fare Fund 11.b. Approximate dollar value 12.a. Nature of interest held	Advisor for Related d. de of such dealing. 65,000.00 d or income received.
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Najairi Aleman Andréa (Aleman Andréa	
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Name of Person Filing Fred A15+0N	Fi	ile Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name ARK ASSET MANAGEMENT Co. INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 Broad Street City New York State New York ZIP Code + 4 1000 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCE 272 Pension + Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 220 EAST 23ed Sheet	11.a. Nature of such dealing. Investment Adv. Pension Fund	isor FOR Related
Street QQU LAST QS= SPEET	11.b. Approximate dollar value o	of such dealing. [00,000.00]
city New 90-K	12.a, Nature of interest held or	r income received.
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